108. (New) The method of claim 106, wherein the effective amount is less than 20 mg per day.

109. (New) The method of claim 106, wherein the effective amount is less than 10 mg per day.

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110. (New) The method of claim 106, wherein the effective amount is from 1-10 mg per day.

111. (New) The method of claim 21, wherein the patient suffers from primary pulmonary hypertension.

112. (New) The method of claim 21, wherein the patient suffers from secondary pulmonary hypertension.

REMARKS

New claims 21-110 are presented which are drawn to preferred embodiments of the invention.

All added claims find support in the specification.

Use of sildenafil as the active agent (all added claims) is disclosed as preferred at page 5, line 1 and in the examples.

Oral, parenteral or intravenous administration is disclosed, for example, on page 6 at lines 18-32.

The dosages of claims 23-26 (and other dependent claims) is disclosed at page 8, lines 16-19.

Treatment of an "adult" patient (recited in various of the added claims) is taught, e.g. at page 9, line 16.

Carrying out treatment without administration of prostacyclins, oxygen, calcium channel blockers, endothelin antagonists, iloprost, adenosine and/or nitric oxide (claim 44 and claims dependent therefrom) is supported at page 9, lines 12-14 where it is made clear that such additional treatments are optional.

Claim 58 recites a child patient suffering from pulmonary hypertension post operatively or due to respiratory distress syndrome or neonatal hypoxia, which is supported at page 9, lines 20-22. See also claims 75-77.

Using sildenafil to selectively reduce pulmonary vascular resistance to a greater extent than systemic vascular resistance in the patient (claim 63 *et seq.*) is supported, *inter alia*, by the clinical study results on page 12, lines 23-25.

Claims 65-74, 111 and 112 recite treatment of primary or secondary pulmonary hypertension, which finds support at page 1, lines 19-28.

Claim 78 calls for treating pulmonary hypertension due to congenital heart disease in a patient, which finds support at page 1, lines 27-28 and page 9, line 17.

Claim 89 recites treating pulmonary hypertension due to chronic hypoxic lung disorder in a patient, which finds support at page 1, line 25.

Claim 94 recites treating pulmonary hypertension due to chronic obstructive pulmonary disease in a patient, which finds support at page 1, line 26.

Claim 99 and claims depending therefrom specify that the treatment is carried out without nitric oxide treatment, which is supported by page 9, line 14 which specifies the nitric oxide coadministration to be optional.

Certain amendments have been made in the existing claims to eliminate redundant claims and clarify the inventions (e.g., claims 2-6 have been cancelled and the dependency of claims 7, 8, 9 and 10 have been changed.

Attached hereto is a Version with Markings to Show Changes Made.

Based on the foregoing, favorable action on claims 1-10 and 21-112 is requested.

Authorization is hereby provided to charge any additional fees required, or to credit any overpayment to Deposit Account No. 16-1445. Two copies of this paper are enclosed.

Respectfully Submitted,

2/4/2003
Date

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VERSION WITH MARKINGS TO SHOW CHANGES MADE

Please Cancel Claims 2-6.

Please Amend Claim 7 as follows:

7. (Twice Amended) A method according to claim ~~2~~ 1 wherein the PDE5 inhibitor is administered orally.

Please Amend Claim 8 as follows:

8. (Amended) A method according to claim ~~7~~ 1 wherein the PDE5 inhibitor is sildenafil citrate.

Please Amend Claim 9 as follows:

9. (Twice Amended) A method according to claim ~~2~~ 1 wherein the PDE5 inhibitor is inhaled.

Please Amend Claim 10 as follows:

10. (Amended) A method according to claim ~~9~~ 1 wherein the PDE5 inhibitor is sildenafil mesylate.